

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NEA Advocacy Fund		FEC IDENTIFICATION NUMBER ▼	
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489815 </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee Linemark			Date of Public Distribution/Dissemination		
Mailing Address 501 Prince Georges Boulevard			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 02 / 02 / 2016 </div>		
City Upper Marlboro	State MD	Zip Code 20774	Amount		
			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1094.00 </div>		
Purpose of Expenditure Billboard production and leasing		Category/ Type 004	Transaction ID : B593567		
			Date of Disbursement or Obligation		
			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 02 / 02 / 2016 </div>		
Name of Federal Candidate Hillary Clinton			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 12988.84 </div>			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2016 </div>		

Full Name of Payee			Date of Public Distribution/Dissemination		
Mailing Address			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>		
City	State	Zip Code	Amount		
			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1094.00 </div>		
Purpose of Expenditure		Category/ Type	Date of Disbursement or Obligation		
			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>		
Name of Federal Candidate			Office Sought: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State:		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 12988.84 </div>			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2016 </div>		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1094.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1094.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1094.00 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael Edwards

[Electronically Filed]

Date

MM / DD / YYYY
 02 / 03 / 2016

Signature